

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/593367

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		①		1		
5		①		1		
6		①		1		
7		①		1		
8		①		1		
9		①		1		
10		①		1		
11		①		1		
12	1		1			
13		1		1		
14		2		1		
15		②		1		
16		①		1		
17		①		1		
18		①		1		
19		①		1		
20		①		1		
21		①		1		
22		①		1		
23	1		1			
24		1		1		
25		2		1		
26		①		1		
27		①		1		
28		①		1		
29		①		1		
30		①		2		
31		①		2		
32		②		1		
33	1		1			
34		1		1		
35		2		1		
36		2		1		
37		①		1		
38		①		1		
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49						
50						
TOTAL IND.	4	↓	4	↓		↓
TOTAL DEP.	39	←	36	←		←
TOTAL CLAIMS	43		40			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						